

For *John*

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012263

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. *291*

Primary Registration District No.

Registrar's No. *29*

FILED APR 4 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Unionville

Length of stay in 1b

2 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Putnam

c. CITY
OR
TOWN

Unionville R.R. 3

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

Trentor

4. DATE
OF
DEATH

Month

Day

Year

March 28

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-7-1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

Hours

Min.

1

21

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Dye Factory

11. BIRTHPLACE (City and state or country)

Keokuk, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jacob Trentor

13b. MOTHER'S MAIDEN NAME

Elizabeth Jump

14. NAME OF HUSBAND OR WIFE

Susie Trentor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Grover Trentor

Address

Unionville, Mo.

Rt. 3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chaguanary polkian

INTERVAL BETWEEN
ONSET AND DEATH

10 months

DUE TO (b)

Aortic sclerosis

DUE TO (c)

Hypertension

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic asthma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *Mar 26-62* to *Mar 26-62* and last saw him alive on *Mar 28-62*
Death occurred at *8:00 P.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas. L. Spidel

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

3-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 31, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pherigo Cemetery

23d. LOCATION (City, town, or county)

Putnam County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Comstock Funeral Home
By *J. W. Comstock* Unionville, Mo.

25. DATE RECD. BY LOCAL REG.

3-30-1962

26. REGISTRAR'S SIGNATURE

Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W. Cornstark

Licensed Embalmer No. 4197

P. O. Address Unionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.